

Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

MEDICAL AND REPRODUCTIVE HISTORY QUESTIONNAIRE

(MENSTRUATION AND MENOPAUSE)

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
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by

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MENSTRUATION AND MENOPAUSE

INTRODUCTION: I'm going to ask questions about menstruation and your monthly periods.

Q1. How old were you when you had your first (menstrual period/monthly)? (PROBE): What was your grade in school?

/_____/_____/ OR /_____/_____/

(AGE)

(GRADE)

NEVER

9

(Q7)

Q2. Did your periods ever become regular? That is, could you ever predict within one week when your next menstrual period would begin and you were not using birth control pills, shots, or implants like Norplant?

YES

1

NO

5

(Q4)

Q3. How old were you when your menstrual periods became regular?

/_____/_____/

(AGE)

INTRODUCTION: I'm going to ask about your menstrual periods during each decade of your life under three conditions: when you were **not** using birth control medications or hormones, or fertility drugs, and you were **not** pregnant or nursing. Think about how frequently you had your periods, that is, the number of days between the first day of one period and the first day of the next.

Q4. On average, how often did you have your menstrual period in your (a.-d.)? Would you say:

Q5. On average, when you had your period in your (a.-d.), how many days did you have to use a pad or other protection?

a. Teens

at least every 24 days, 1
between 25-32 days, 2
between 33-40 days, or 3
after 41 or more days? 4

/_____/_____/

(# PAD-PROTECT DAYS)

b. 20's

at least every 24 days, 1
between 25-32 days, 2
between 33-40 days, or 3
after 41 or more days? 4

/_____/_____/

(# PAD-PROTECT DAYS)

c. 30's

at least every 24 days, 1
between 25-32 days, 2
between 33-40 days, or 3
after 41 or more days? 4

/_____/_____/

(# PAD-PROTECT DAYS)

d. 40's	at least every 24 days, between 25-32 days, between 33-40 days, or after 41 or more days?	1 2 3 4	/____/____/ (# PAD-PROTECT DAYS)
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INTRODUCTION: I'm going to ask some questions about your (menstrual status/monthly periods) several months before
(REFERENCE DATE).

Q6. (REFERENCE DATE - 3 MONTHS), what was your menstrual status? Were you:

- a. pregnant or nursing, 01
- b. still having periods, 02
- c. not having periods because of natural menopause, 03 (Q8)
- d. not having periods because of surgery to remove the uterus or both ovaries, 04 (Q8)
- e. not having periods because of radiation or chemotherapy, or 05
- f. another reason? (SPECIFY: _____) 06

Q7. (REFERENCE DATE - 1 MONTH), what was your menstrual status? Were you:

- a. not going through menopause or the change of life, 1
- b. possibly beginning menopause or the change of life, or 2
- c. going through menopause or the change of life? 3

Q8. What was the month and year of your last (menstrual/monthly) period before (REFERENCE DATE)?

/____/____/ /____/____/____/____/
(MONTH) (YEAR)

Q9. Before (REFERENCE DATE), did you have hot flashes, night sweats, or other symptoms of menopause?

- YES 1
- NO 5

Q10. Before (REFERENCE DATE), did you use hormones, either after surgery to remove one or both ovaries, or because of menopause or its symptoms?

YES 1

NO 5

Q11. Why did you use hormones? Was it because of:

Surgery to remove one or both ovaries, or 1

Menopause and its symptoms? 5

(IF Q6 = 04, SKIP TO Q13)

Q12. Using these hormones may cause women to keep having periods. What was the date of your last menstrual period before (REFERENCE DATE) and before beginning hormone use?

/____/____/ /____/____/____/____/
(MONTH) (YEAR)

Q13a. Did your doctors or other health care provider ever tell you that you had completed menopause or the change of life before (REFERENCE DATE)?

YES 1

NO 5

Q13b. How old were you when your doctor or other health care provider told you this?

/____/____/
(AGE)

INTRODUCTION: Now I would like to ask you about certain diseases, conditions, and surgeries you may have had.

(ASK Q14 - Q16 FOR ONE CONDITION BEFORE ASKING ABOUT THE NEXT CONDITION.)

CONDITION	Q14. Before (<u>REFERENCE DATE</u>), did a doctor or other health professional ever tell you that you had (<u>a.-d.</u>)?	Q15. At what age did a doctor or other health professional first tell you that you had (<u>a.-d.</u>)?	Q16. Have you ever been hospitalized, had surgery or biopsy, or been prescribed medication for this condition? (CODE ALL THAT APPLY)
a. fibroids, fibroid tumors, or uterine fibroids	YES 1 NO 5 (Q14b)	/____/____/ (AGE)	NO 1 HOSPITALIZED 2 SURGERY/BIOPSY 3 MEDICATION(S) 4
b. cysts on the ovary	YES 1 NO 5 (Q14c)	/____/____/ (AGE)	NO 1 HOSPITALIZED 2 SURGERY/BIOPSY 3 MEDICATION(S) 4
c. Endometriosis	YES 1 NO 5 (Q14d)	/____/____/ (AGE)	NO 1 HOSPITALIZED 2 SURGERY/BIOPSY 3 MEDICATION(S) 4
d. Stein-Leventhal syndrome	YES 1 NO 5 (Q17)	/____/____/ (AGE)	NO 1 HOSPITALIZED 2 SURGERY/BIOPSY 3 MEDICATION(S) 4

Q17. Before (REFERENCE DATE), did you have a hysterectomy (that is, did you have your womb or uterus removed causing your periods to stop)?

YES 1
NO 5 (Q19)

Q18. During what month and year did you have your hysterectomy?

/____/____/____/____/
(MONTH) (YEAR)

Q19. Before (REFERENCE DATE), did you ever have any surgery to remove either part or all of one or both of your ovaries? Surgeries include aspirations, wedge resections on the ovaries, and cysts removed from the ovaries.

YES 1
NO 5 (Q23)

Q20. How many surgeries did you have?

/___/___/
SURGERIES

	Q21. In what month and year did you have the (1st/2nd/3rd) operation?	Q22. What exactly was removed during that operation? (CODE ONLY ONE)
1st	/___/___/ /___/___/___/___/ (MONTH) (YEAR)	ONE OVARY (TOTAL) 1 ONE OVARY (PARTIAL) 2 BOTH OVARIES (TOTAL) 3 BOTH OVARIES (PARTIAL) 4 BOTH OVARIES (ONE TOTAL, ONE PARTIAL) 5 UNKNOWN OVARIAN STATUS 6
2nd	/___/___/ /___/___/___/___/ (MONTH) (YEAR)	ONE OVARY (TOTAL) 1 ONE OVARY (PARTIAL) 2 BOTH OVARIES (TOTAL) 3 BOTH OVARIES (PARTIAL) 4 BOTH OVARIES (ONE TOTAL, ONE PARTIAL) 5 UNKNOWN OVARIAN STATUS 6
3rd	/___/___/ /___/___/___/___/ (MONTH) (YEAR)	ONE OVARY (TOTAL) 1 ONE OVARY (PARTIAL) 2 BOTH OVARIES (TOTAL) 3 BOTH OVARIES (PARTIAL) 4 BOTH OVARIES (ONE TOTAL, ONE PARTIAL) 5 UNKNOWN OVARIAN STATUS 6

DIRECTIONS: DETERMINE NUMBER OF OVARIES AND ASK:

Q23. Therefore, as of (REFERENCE DATE), you had:

One ovary (total)		1
One ovary (partial)	2	
Both ovaries (total)	3	
Both ovaries (partial)	4	
Both ovaries (one total, one partial)		5
Unknown ovarian status	6	

Is that correct?

YES 1 (NEXT SECTION)

NO 5 (Q19)